



District 3 Mite/8U Jamboree

Association Hosting Jamboree

Association: _____

Mite Level: _____
(One form per Level)

Date of Jamboree: _____

Jamboree Contact: _____

E-mail and Phone Number: _____

Association President: _____

Participating Association(s)

Association Name: _____
(See attached sheet)

Mite Level: _____

Team(s) Contact: _____
(See attached sheet)

E-mail and Phone Number _____

District Director Approval: _____

Date: _____